

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585372

FILING DATE

7-6-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6		2		1		
7	①	0		1		
8	0			1		
9	8			1		
10	0			1		
11	0			1		
12				1		
13				1		
14				1		
15				1		
16				1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			4			
TOTAL DEP.			17			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						